



**STATE OF TENNESSEE
DEPARTMENT OF PERSONNEL**

Please read carefully: In the event of your death while employed, payment of your annual, sick and compensatory balances are paid to the beneficiary listed for your retirement. If you desire to have someone other than the beneficiary of your retirement receive this payment, you must complete this form.

LEAVE BENEFICIARY

I, _____ pursuant to Chapter 3, Public Act of 1987, designate,
Name / Social Security Number
_____ to receive payment for any sick, annual or
Beneficiary's Name
compensatory balances.

Employee's Signature

State of Tennessee

County of _____

_____ personally appeared before me this the _____
day of _____, _____ and made oath that he/she
executed the foregoing instrument.

Notary Public Signature

My Commission Expires: _____

PR-0395